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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2244

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 2

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
505 ISLEY ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80
(Specify whether years, months or days)

In this community 80
years, months or days

3. (a) PRINT FULL NAME NEWTON O'DELL

3. (b) If veteran, name NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HATTIE O'DELL

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased OCTOBER 19 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>13</u>	hr. min.

9. Birthplace RAY - Co. MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER and Farmer

11. Industry or business

MOTHER FATHER

12. Name William O'Dell

13. Birthplace Tenn Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Ruth O'Dell

15. Birthplace Ray Co. MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant H. O. O'Dell

(b) Address Ray Co. Mo.

17. (a) New Garden (b) Date thereof Jan 3 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Garden

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) Jan 4 - 1941 (b) Mo Res 17 - Crocker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Clay

(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 505 Isley St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1941 hour 6.45 minute A M.

21. I hereby certify that I attended the deceased from Dec 29, 1940, to Jan 2, 1941; that I last saw him alive on 10 PM Jan 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis 3 days

Due to arterio sclerosis

Due to ATW

Other conditions ATW
(Include pregnancy within 3 months of death)

Major findings: ATW

Of operations: ATW

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

150
(Specify type of place) (e) Means of injury

23. Signature G. D. Crocker (M. D. or other) 1

Address Excelsior Springs Mo. Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision. . . .

Signed Vincent Hope

Licensed Embalmer No. 3950

P. O. Address Exclusion Sp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.